

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	740.		7-20-00
O.I.P.E. CLASSIFIER		4-1	7/27/00
FORMALITY REVIEW	M.M.	7162P	9-12-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
1 1	7/16/00
2 2	7/16/00
3 3	7/16/00
4 4	7/16/00
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6 6	0
7 7	0
8 8	11
9 9	12
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14 14	0
15 15	1
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If more than 150 claims or 10 actions  
staple additional sheet here

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